

**TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT
PART IX - PERSONAL DATA**

For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.

**REQUIREMENTS CONTROL SYMBOL
CSOCS-309**

1. ROLE OF THIS INDIVIDUAL															
a. Errors That Caused/Contributed to Accident <input type="checkbox"/> Definitely <input type="checkbox"/> Suspected <input type="checkbox"/> None <input type="checkbox"/> Undetermined						b. On Controls When Accident Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined									
2. BACKGROUND DATA															
a. Age								g. Hours Worked Last 24 Hours							
b. Hours Awake Prior to Accident								h. Hours Worked Last 48 Hours							
c. Hours Duration Last Sleep Period								i. Hours Worked Last 72 Hours							
d. Hours Slept Last 24 Hours								j. Hours Flown Last 24 Hours							
e. Hours Slept Last 48 Hours								k. Hours Flown Last 48 Hours							
f. Hours Slept Last 72 Hours								l. Hours Flown Last 72 Hours							
3. CREW MEMBER DATA															
a. Primary Acft MTDS								j. NVG Qualified <input type="checkbox"/> Yes <input type="checkbox"/> No							
b. Alternate Acft MTDS								k. Date Qualified In Acft MTDS (YYYYMMDD)							
c. Additional Acft MTDS								l. ATM Task Number Associated With Initial Indication of Emergency							
d. FAC <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3								Last Performed (YYYYMMDD)							
e. RL In Accident Acft MTDS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> NA								m. ATM Task Number Involved In Response To Emergency							
f. APART Completed (YYYYMMDD)								Last Performed (YYYYMMDD)							
g. Physical Exam Completed (YYYYMMDD)								n. Medical Waiver <input type="checkbox"/> Yes <input type="checkbox"/> No							
h. Most Recent Evaluation Flight In Accident MTDS Acft (YYYYMMDD)								o. Post-Accident Flight Eval (YYYYMMDD) Result							
i. MTDS Acft Flown In Last 60 Days				(1)				p. Post-Accident Medical Exam/Autopsy (YYYYMMDD)							
				(2)				q. Required Lab Tests Accomplished <input type="checkbox"/> Yes <input type="checkbox"/> No							
				(3)				r. Last redeployment from a combat theater (YYYYMMDD)							
4. FLIGHT AND CREW DUTY EXPERIENCE (Round off to the nearest hour)															
a. Type Experience And Time		Rotary Wing		Fixed Wing		Total		Imminent Danger		Combat		Acft Aircraft Hrs Design Series			
(1) Military															
(2) Civilian															
(3) Total Hours															
b. Duty Experience															
Duty		CP	PI	PC	UT	IP	IE	SP	MP	ME	XP				
Total Hours															
c. Flight Condition Experience															
Condition		D	N	H	W	NG	DG	NS	DS	TR	AA				
Total Hours															
d. Monthly Flight Hours Past 3 Months In Accident Acft MTDS						e. Other Crew Duty Experience									
Date		Prev 90	Prev 60	Prev 30	This Mo.	Duty	CE	OR	AO	MO	FI	SI			
Hours						Total Hours									
5. MAINTENANCE AND SUPPORT PERSONNEL DATA															
a. PMOS		Title		e. Civilian Job Series or Title											
b. SMOS		Title													
c. DMOS		Title		f. Performance Standards Met For This Task <input type="checkbox"/> Yes <input type="checkbox"/> No											
d. Deficient Task No.															
6. CASE		a. Date (YYYYMMDD)		b. Time		c. Acft Serial No.				7. OTHER ACFT SERIAL NO.					

8. LABORATORY TESTS																
Type Test	Specimen Tested				Results				Name of Drug				USACRC Code Block			
a. Carbon Monoxide																
b. Alcohol/Volatiles																
c. Drug Screen																
d. Other																

9. HISTORY OF DISEASES/DEFECTS															
Diagnosis	Method of Discovery												Waivers		USACRC Code Block
	Anl Phy		Sick Call		Autopsy		Other		Auth.	Date (YYYYMMDD)					

10. REMARKS

11. NAME (Last, First, MI)				12. SSN				13. GRADE		14. GENDER		15. DUTY		16. SVC		17. UIC	
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